

**United States Bankruptcy Court**  
**District of Idaho**

Complete this form and mail to: **U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724**

**Name of Debtor:** James L. Herberger  
 Melissa R. Hershberger

**Case Number:** 01-00317

**Chapter:** 13

**Trustee:** Bernie R. Rakozy

**PROOF OF CLAIM**

THIS SPACE IF FOR COURT USE ONLY

**U.S. COURTS**

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**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503

**Name of Creditor** (The person or other entity to whom the debtor owes money or property):

City of Salem  
 555 Liberty St. SE Room 230, POB 555  
 Salem, OR 98308-0555

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  
☐ Check box if you have never received any notices from the bankruptcy court in this case.  
☐ Check box if the address differs from the address on the envelope.

Account or other number by which identifies debtor: 150151059

Check here if this claim: ☐ Replaces ☐ Amends a previously filed claim dated:

- 1. Basis for Claim** ☐ Goods Sold ☐ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ Taxes  
☐ Retiree benefits as defined in 11 U.S.C. §1114 (a) ☒ Other (please describe): Parking Ticket  
☐ Wages, Salaries and compensation: Your Social Security Number: \_\_\_\_\_  
☐ Unpaid Compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2. Date debt was incurred:** 1999

**3. If court Judgment, date obtained:**

**4. SECURED CLAIM**

- ☐ Check box if your claim is secured by collateral (including a right of setoff)

**Brief Description of Collateral:**

- ☐ Real Estate ☐ Motor Vehicle  
☐ Other \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

Amount of arrearage and other charges *at time the case was filed* included in secured claim, if any: \$ \_\_\_\_\_

**5. UNSECURED PRIORITY CLAIM**

- ☒ Check box if you have an unsecured priority claim

Amount entitled to priority \$ 30.00

**SPECIFY PRIORITY OF CLAIM**

- ☐ Wages, Salaries, or commissions (up to \$4650)\* earned within 90 days before filing of the bankruptcy petition or cessation or the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))  
☐ Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))  
☐ Up to \$2100\* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))  
☐ Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))  
☒ Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))  
☐ Other - Specify applicable paragraph of (11 U.S.C. § 507 (a) ( ) )

*\*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

**6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED**

UNSECURED \$ \_\_\_\_\_ SECURED \$ \_\_\_\_\_

PRIORITY \$ 30.00 TOTAL \$ 30.00

Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, please explain. If the documents are voluminous, attach a summary.

**9. Date Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE

7/12/01

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

*[Signature]*

**Penalty for presenting fraudulent claim:** Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571